

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Bonafide</i>	<i>JO</i>	<i>03.29.01</i>
O.I.P.E. CLASSIFIER	<i>MTW</i>	<i>JO</i>	<i>04/22/01</i>
FORMALITY REVIEW	<i>JB</i>	<i>JC-873</i>	<i>05-07-01</i>
RESPONSE FORMALITY REVIEW	<i>JB</i>	<i>809</i>	<i>7.27.01</i>
	<i>HA</i>	<i>880</i>	<i>8/17/01</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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MS 10/10/01
10/10/01
10/10/01